PHYSICIANS RECORD PERMANENT EXACTLY. BINDING 4 FOR INK-THIS AGE RESERVED supplied UNFADING MARGIN pino of information

No.

1.0

ż

1 PLACE OF DEATH OCCUPATION IS Very 2FULL NAME õ statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR MACE 5 STNOLE, In once MARRIED, WIDOWED, ORDIVORCED (Write the word) (Day 7 AGE BOCCUPATION (a) Trade, profession, or fa pe (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS terms, OF FATHER (State or country) 12 MAIDEN NAME piain See Instructions OF MOTHER _ 13 BIRTHPLACE OF MOTHER (State or country) DEATH 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every Item CAUSE OF Important. S

(Address)

15

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration L	ist. No.
Railey	St.;War	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
	EDICAL CERTIFICATE	OF DEATH
16 DATE OF DEA	TH Dec.	20,1913 (Day (Year)
Mesy 2	HEREBY CERTIFY The	et I attended deceased from
	allve on	19,191 V
The CAUSE OF	Curred on the date state PEATH* was as follows	ed above, at 130 Am.
	(Duration)	vrs. // mos. ds.
Contributory	(Duration)	yrs// mosds.
45	(Duration)	yrs mos ds.
(Signed)	1912 (Address) Line	Daniel Wed.
*State the DI CAUSES, state (TAL, SUICIDAL, C	SEASE CAUSING DEATH, (1) MEANS OF INJURY; OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
18 LENGTH OF REOR RECENT RES	ESIDENCE (FOR HOSPITA IDENTS)	LS, INSTITUTIONS, TRANSIENTS,
	mos. ds. State	yrs,ds
Former or usual residence		
19 PLACE OF BUI	PARIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	1	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS than

1 day,....hrs.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the Americau Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," Never report 01



V. S. No. 1.

N. B.

PHYSICIANS should of OCCUPATION IS PHYSICIANS properly classified. Exact statement PERMANENT stated EXACTLY: AGE should be UNFADING INK-THIS IS See Instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms, important.

1 PLACE OF DEATH 222 County..... Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

K	FULL NAME Throng J. 1	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	**COLOR OR RACE SINGLE, MARRIEO, MODERNE, OPONEASED (Write the word)	16 DATE OF DEATH
-	(Month) (Day (Year) GE If LESS than 1 day,	that I last saw h allve on 30, 191 5 and that death occurred on the date stated above, at 200 mm. The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION) Trade, profession, or ricular kind of work) General nature of industry, cliness, or establishment in	Dipulling (Ouration) yrs mos 14 ds.
	10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (STATE OF MOTHER STATE OF MOTHER	Contributory Secondary (Ouration) yrs mos ds (Signed) Address Address M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 _T	of Mother Henrietta Incided 13 BIRTHPLACE OF MOTHER (State or country) Talls Constitution THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Button	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
16 File	ed Jan 1916 Win S. Lowe Dynny Local RECISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Shaws Address Address
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of..... "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (mercly symptomatic), "Atrophy" mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Campbe Of 1/4/- 22000 /	CERTIFICATE OF DEATH
County	Registration Dist. No. 291
Village or City Clary II (No.	St.: Ward) [If death occurred in
2 FULL NAME Damniel Glas &a	a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH WE 18 1915
Vaale - prhite WIDOWED Massica	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Mr. and Late	1910, to 00, 1910,
(Month) (Day) (Year)	that I rast saw h Walive on Mas 18 1910,
7 AGE It LESS fhan 1 day, hrs.	and that death occurred on the date stated above, at
33 yrs 7 mes 2 ds. OR mla.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Jug/V6
(a) Trade, protession, or I Sal Gr	
(b) General nature of industry business, or establishment in	Jankewown
which employed (or employer)	(Ouration) yre mee. de,
State or country) Klazitt Tallyt & Ind	Secondary Secondary Purellott Trail mos ds.
10 NAME OF FATHER and Campur	(Signed) alef, B. Silli M. D.
IN BIRTHPLACE OF FATHER (State or country) C SEANSH Saffer Co. 9	Ale / 18/60 (Address) St / Wellow
OF FATHER (State or country) Nearth Saffed Co. 7	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicinal.
The state of the s	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Nearth Fallot Con	At piece In the /or death yrs. mes. de. State, yre. mes. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
(Informant) Notifit Haddaway	Former or usual residence
(Address) charitt Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Total Dec 21 trais John Howales	20 UNDERTAKEN
Hed Dec 2/2, 1912 John Howales	The has the stander
If more blanks are needed, address State Registrar, 1	6 W. Saratore St. Raito. Requesting V. S. No. 1
At short bishes set nected, address black regulerar, 1	o paratola pai natari resdanante pr 110: 7:

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. Housemaid, Atc. If the occupation has been changed or given up on account of the nisease causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired Gyrs. Hor persons who have no occupation whatever, write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitiat nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cte., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
22001	CERTIFICATE OF DEATH
County	Registration Dist, No. 290
0 5005	87,1
Village or City aslon for CHECK Plalla	[If death occurred in a hospital or lostitution, give its KAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Hite Single, Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sec. 28 ,191 S (Month) (Day (Year) 17 I HEREBY CERTIFY. That I extended deceased from
6 DATE OF BIRTH	DEL. 26 1915 to DEC 28 1915.
May - 3 - 1893 (Year)	that I last sew him allys on DEC 28 1915
7 AGE (Month) (Day (Year)	and that death occurred on the dete stated above at 5.75 fm.
22 yrs mos 23 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION 2 2	Double Jobar Pneumona
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer) of Leslet Scotlan Harrley.	(Buration) yrs mos 6 ds.
State or country) of recursions made	Secondary Lanf gartier
10 NAME OF FATHER & STATE OF THE STATE OF TH	(Signed) Chas. J. Dan Sar N.D.
11 BIRTHPLACE OF FATHER (State of country)	DEC 28, 1915 (Address) Easton mo-
12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Millon Brusse Par	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Intormant) By Intohet	If not at place of death?
(Address) Salaraha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec 29 1315 Hannie B. Frairbank (ROUNDERTAKER ADDRESS
Filed Variation 1918 Canalis (a) Harris Canalis (mes Q James 5 1 20
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations the nature of the business or Industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmen (retired 6 yrs.) For persons As examples: "Foreman,"

Statement's cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," mia," "PUEBPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal condittens, such as "Asaffection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as cause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichac-



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS AGE CAUSE OF important.

8

ż

ů

1	PLACE	OF	DEAT



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

_			-1
S	t.: War	d) .	h

if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH January 20, 1846 (Month) (Day (Year)	that I last sew har allive on the 22, 1913 -
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 9 m The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work	lought
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) ryskumos os.
9 BIRTHPLACE (State or country) Baltimore, Md.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER George Battles 11 BIRTHPLACE OF FATHER (State or country) Lalbot los. M.	(Signed) 3, Sello, M. D. (Signed) 3, M. D. (Address) S. W. Delia) *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER Elizabeth Wolfe	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERSE
13 BIRTHPLACE OF MOTHER (State or country) Sorchester loo. ms.	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) L. Longson	If not at place of death?————————————————————————————————————
(Address) Counterland, md. 16 Filed Die 27, 1915 John Hwwales Bocal REGISTRAR	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL SEC 27, 191.5. 20 UNDERTAKER ADBRESS ADBRESS ADBRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by US. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

-i
No.
υż
>

	PLACE OF DEATH	STATE OF MARYLAND
Coun	Jallish 22003 /	CERTIFICATE OF DEATH
1		Registration Dist. No. 292
Villa:	ige or City Chapter (No. , selensh	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
- 1 ²	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 191 3
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h alive on
7. AG	if LESS than	and that death occurred on the date stated above, atm
30" 10" 10"	37 yrs. mos. ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
A (3	CCUPATION 1) Trade, profession, or ricular kind of work	accidental Novemmy
nar (b	Trade, profession, or	accounted November
par (b bus whi	n) Trade, profession, or ricular kind of work. D) General nature of industry siness, or establishment in	accounted November
par (b bus whi	a) Trade, profession, or ricular kind of work) General nature of industry Siness, or establishment in hich employed (or employer)	Contributory Secondary (Ouration) yrs. mos. do (Ouration) yrs. mos. do (Signed) W. J. Harris Courser M. C
par (b bus whi	1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer) 1BTHPLACE (State or country) 10 NAME OF	(Ouration) yrs. mos. ds Contributory Secondary (Ouration) yrs. mos. ds (Signed) W. J. Harris Courser M. O New Young (Address) Outpart M. O
par (b bus whi	10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE	(Ouration) yrs mos ds Contributory Secondary (Ouration) yrs mos ds Contributory Secondary (Signed) yrs mos ds Course M. O LLY O 191 1 (Address) Curlow State the Disease Causino Death, Jr, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
S E I	10 NAME OF FATHER OF FATHER 11 BIRTHPLACE OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 NAME OF MOTHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed) State the Disease Causino Death, fr., in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residents) Al place In the
S B1	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 BIRTHPLACE (State or country) 16 MAIDEN NAME OF FATHER (State or country) 17 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER 19 GIRTHPLACE OF MOTHER (State or country) 10 NAME OF MOTHER 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) State the Disease Causino Death, fr., in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residents) Al place In the
S B1	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF FATHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 NAME OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Ouration) yrs. mos. ds Contributory Secondary (Ouration) yrs. mos. ds (Signed) W. J. Harris Courser M. O NOWYO, 191 (Address) Out of M. O NOWYO, 191 (Address) Out of M. O State the Disease Causino Death, Ar, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients or Recent Residents) Al place in the of death yrs. mos. ds. State, yrs. mos. ds Where wes disease confrected, If not el place of death? Former or usual residence.
S B1	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF FATHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) ME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Address Address	(Ouration) yrs mos ds Contributory Secondary (Signed) W. J. Harris Courses M. 0 State the Disease Causino Death, Jr. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) Al place in the of death yrs. mos. ds. State, yrs. mos. ds Where wes disease confrected, If not el place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
S B1	10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 NAME OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Address 15 Allument Maine Mother Mother Mownedge 16 Address 17 O S Rose H	(Ouration) yrs. mos. ds Contributory Secondary (Ouration) yrs. mos. ds (Signed) W. J. Harris Courser M. O NOWYO, 191 (Address) Out of M. O NOWYO, 191 (Address) Out of M. O NOWYO, 191 (Address) Out of M. O State the Disease Causino Death, Ar, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients or Recent Residents) Al place in the of death yrs. mos. ds. State, yrs. mos. ds Where wes disease confrected, If not el place of death? Former or usual residence.

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compasitor, Architect, Locomolive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Caol mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning: on Nomenclature of the American Medical Association.) Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Never report mere Example: Meusles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of "Anaemia" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion, carbolie acid-probably



mportant.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St :----Ward) a hospital or lostitution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED WIDOWED, (Month) (Dav (Year) (Write the word) DATE OF BIRTH 1876 (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. _ Where was disease contracted. If not at place of death? Former or Usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

County Julhat 22000	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 24 2
Village or City (No. (No.)	St.; Ward) [If death occurred a hospital or institution give lis NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenual A COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 191
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on how 30 191
7 AGE 46 yrs. 11 mos. 24 ds. OR min.?	and that death occurred on the date stated above, at / 7.// The CAUSE OF DEATH * was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Formuse Country	Contributory of factor
10 NAME OF FATHER Living Shores 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF STATES OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT M	(Signad) State the DISEASE CAUSING DEATH, Fr., in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; 200 (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF MOTHER UNKNOWN 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Interpret) Leventry	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death
(Address) Orfol Ma Flied Dec 2 191 5 71 D Hicholo	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OATE OATE OATE OATE OATE OATE OATE OATE

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Cool mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, birth or misearriage as - "Puerpehal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inantion," "Maraschopneumonia (secondary), 10 ds. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping Anaemia" "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic acid—probably For VIOLENT DEATHS Never report mere "Atrophy," (Recommendations



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
Co	unty Salbat 22006	CERTIFICATE OF DEATH Registered No. 290
Vi	Hage or City Easters (No. Money)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	W, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SIESE S (Month) (Day) (Year)
8 DA	TE OF BIRTH XZ V 1/1	17 De S 1915 to DEC J 1915
	(Month) (Day) (Year)	that I last saw h M allve on Dec J 191
7 _{AG}	E IS' Nuin . If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
	yrsds. ORmin. ?	abumana Develote seno.
(a) (b) busin	Trade, profession, or , , , , , , , , , , , , , , , , , ,	ho toof of by mouth, Ventra Harrica (Ouration) yrs. mos. ds.
	RTHPLACE ate or country) Jalbat Co. Mrs	Contributory (Secondary)
	10 NAME OF M. G. Grewell	(Signed) Clas. J. Links M. D.
NTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from Viewnin
PARENT	12 MAIDEN NAME CAUSTA Mery July	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Orlawer	At place of death yrs, mos ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death? Former or
	(Address) Goldsboro não	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
File	Jee 6, 1915 Kannie B. Harrbank Freel REGISTRAR	20 MERTARIR JODRESS JODRESS
	lf more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaesuch, if impossible to determine definitely. which surgical operation was undertaken. For viomus," "Oid Age," "Shock," "Uraemia," "Weakness," LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Dropsy," "Exhaustion," (name origin; "Can-Examples:



vi

80

ż

state OCCUPATION IS PHYSICIANS RECORD 90 statement PERMANENT EXACTLY. classified. IS should INK-THIS properly AGE supplied. pe UNFADING may certificate. Carefully that 80 jo PLAINLY, WITH be back terms, should LO plain See instructions information 2 DEATH WRITE 90 Item OF important. CAUSE Every

PLACE OF DEATH 221117 Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S BINGLE. MARRIED, / (Write the word) DATE OF BIRTH DES 23 (Month) (Day 7 AGE mos. OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

TRUE TO

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[If death occurred a hospital or institution give its NAME instead
	KITE IIS RAME IIISIES

of street and number.1

hOe (Mont)		30		. 191
			2	191
				191
	6.1			3 1 / 1 .
	·	(Day		(Year)
RTIFY,	That I	attend	ded dece	ased fr
to	LOC		30	191.
- 1				, 191,.
n. 19	uc.	2	9	191.
			0	03
e date	stated	above,	at %	0-
as fol	lows:			
6		0 -	1-0-0	
	Nestre-	-		
	······································	*******	********	
+000000000000		*********	·** 0 0 * 000 000 000 0 000	********
. (Durati	on)	yrs	mo:	s!Q
		********		*********
(Durat	(nn)	yre	mo	e
1	00	1		•••••
4	JOL	RA	ens	, M.
-1	6	. 1	-	7.
		************		************
NG DEA	TH, or,	in dea	ths from	VIOLE
F INJU	RY; and	1 (2)	whether	Accidi
on Hea				
OH HOS	PITALE, I	NSTITL	TIONS, T	RANSIEN
	In the			
ds.	State	yrs.	mo	2
			10000000000000000000000000000000000000	***********
		*********		*******
MOVAL	.	DATE	OF BU	RIAL
,		1/1	1,1	
	1		10	1916
	7	//-		
1	1	ADDE	ESS	
	(Durati	e date stated as follows: (Duration) (Duration) S) GDEATH, OF, FINJURY; and In the	e date stated above, as follows: (Duration) yrs. (Duration) yrs.	e date stated above, at 2 as follows: (Duration) yrs mo (Suration) y

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

If LESS than

1 day,....hrs.

OR min. ?

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustiou," State cause for Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 13

Village or City Carts 2nd County 22 Pull NAME Bank Jacob	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, Midoweo, Ordhyvorgeo (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH DR. 10 , 1918. (Month) (Day (Year) 17 LHEREBY CERTIFY, That I attended deceased from DRC 10 " 1915 to Pack 10 1915"
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw him alive on Fee 18 11 and that death occurred on the date stated above, at 8.30 Pm The CAUSE OF DEATH* was as follows: acciput.
(a) Irade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Cartilogica (b+7 Cervical Vertelra Duration) yrs mos os Contributory Conversions Secondary (Duration) yrs mos os (Duration) yrs mos os
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) Cirgie Morra (Address) Senton Ind 16 Filed D-C /3 1912 Hawing B. Havebault The Registran	Where was disease centracted, If not at place of death? Former or USUAI residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registr	rar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Man





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.290

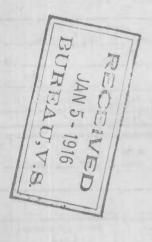
VIII	2FULL NAME Maring Jones	St.;Ward)	a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51	amale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	38 ,1915 (Year)
6 D/	MATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on	tended deceased from
7 AC		and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	oove, at 1200 am.
X(a)	Trade, profession, or floular kind of work. General nature of Industry,	Faloulas du	en of teast
white 9 B I	ness, or establishment in the employed (or employer) RTHPLACE (State or country)	Contributory Secondary	yrsds.
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Talloh Coo 12 MAIDEN NAME OF MOTHER		M. D. deaths from VIOLENT (2) whether ACCIDEN-
14 _T	13 BIRTHPLACE OF MOTHER (State or country) Lall f (2) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State	yrs, ds
16 File	(Address) Lachan Mod. dec 29 1915 Hannie B. Hairbonts (Unionville and	DORESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Kelto., Requesting V. S. N	o. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "Puerperal peritonitis," etc. cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of kcad-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Branchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

11	A STANCE OF THE STANCE	
	ounty Salver 22009 illage or City Cufred (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	DATE OF BIRTH (Month) (Day) (Year) (If LESS than 1 day,	I HEREBY CERTIFY, That I attended deceased from, 191, to, 191, that I last saw halive on, 191, and that death occurred on the date stated above, at
	yrs. mos. ds. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows:
	business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
-	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Burallon) yrs. mos. ds. (Signed) (Signed) (Mos. of Mos. of
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Address) 5 Filed Dev 21, 1915 Aliendo REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Talkat Go. Chus Hause Dec. 24, 1915 20 UNDERTAKER ADDRESS M. E. Nuwnam + Bro Osfard Md
1	. If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menùnunqualified, is indefinite); Tuberculosis of lungs, menùn-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inantion," "Marasmus," "Old Age," "Shock." "Uracmia," "Wcakness," suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which "Anaemia" (mcrely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage "Coma," "Convul" "Senile," etc.), The contributory (secondary or intercuras "Puerperal septicharmia," "Atrophy," ("Con-



PERMANENT RECORD BINDING K FOR S AGE -THIS NK SERVE UNFADING Ш 0 be WITH MARGIN WRITE PLAINLY.

it may be properly back of certificate that See instructions on carefully supplied terms, so plain ۳ should DEATH of information e CAUSE OF D

should be stated EXACTLY. PHYSICIANS be properly classified. Exact statement of County Village or City 2 FULL NAME be properly classified. PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED 6 DATE OF BIRTH (Month) (Day) Year) 7 AGE If LESS than 1 day, hrs. min. ? OR OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER important. 11 BIRTHPLACE RENT OF FATHER (State or country) 12 MAIDEN NAME PA OF MOTHER Every item of informat should state CAUSE O OCCUPATION is very 13 BIRTHPLACE OF MOTHER (State or country MY KNOWLEDGE (Informant) Address 15 m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

St.

Registration Dist. No.

;Ward)	[it death occurred is a hospital or institution		
T	give its NAME instead		

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month	(Day) (Year)
17 I HEREBY CERTIFY, That I	attended deceased fron
, 191, to	, 191
that I last saw h alive on	, 191
and that death occurred on the date	stated above, atn
The CAUSE OF DEATH * was as foll	lows:
accidinate Dr	······
Cicialium Nr	awning
(Ouration)yrsmosd
Contributory	***************************************
Secondary	
The Court of the C	Comment of the state of the sta
(Signod)	Country, M.
Alle VV , 191 V . (Address) (Address)	Air double (and Vice)
*State the Disease Causing Death, Causes, state (1) Means of Injury; an Suicidal or Homicidal.	(2) whether Accidental,
16 LENGTH OF RESIDENCE (FOR HOSPITAL	S, INSTITUTIONS, TRANSIENT
OR RECENT RESIDENTS)	
of deethyrsds. Si	lete,yrsmoed
Where wes disease contracted, If not at place of death?	
Former or	
usual residence	DATE OF BURIAL
Battinge md	191
20 UNDERTAKER	ADDRESS

S. No.

[Approved by U. S. Census and American Public Health Association.]

write None. E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Collon mobile factory. mill; (a) Salesman, (b) Grocery; (a) Fareman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc.. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapneumonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified,

genital," on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths The part of miscarriage as "Puerpenal sophichumia," Puerperal peritonilis," etc. State cause for which cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (discase causing death), 29 ds.; Bran-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valentar heart disease; Chranic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), The contributory (secondary or intercurcarbolic acid-probably ACCIDENTAL, ("Con-



v2

RECORD PERMANENT EXACTLY. AGE UNFADING INK WRITE PLAINLY, WITH

PHYSICIANS should of OCCUPATION IS classified. See instructions on back of certificate. of information s DEATH in plain CAUSE OF important. N. B.

PA

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

Filed Due 28

AT SHIPE THE

Village or City It Muhile (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day (And the Control of th	that I lest saw h Langilive on Dec 26 (1915). The CAUSE OF DEATH* was as follows: (Duration) (Duration) (Day (Year) (Year
which employed (or employer) PBIRTHPLACE (State or country) ONAME OF ANDREW Lord FATHER ANDREW Lord OF FATHER (State or country) I BIRTHPLACE (State or country) I BIRTHPLACE (State or country) I BIRTHPLACE (State or country)	1da 1 fa 1

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

h	At place			In the			
	of death yrs r	nos	ds.	State	yrs.	mos.	4
	Where was disease contract						

Former or

usual residence

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

MY KNOWLEDGE

X ocal

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mere symptoms or terminal couditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



pplied. AGE should be stated EXACTLY. PHYSICIANS so that it may be properly classified. Exact statement of RECORD A PERMANENT BINDING plain terms, so that it may be properly See instructions on back of certificate. FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

e CAUSE OF DEATH in plain terms, so that RESERVED MARGIN -Every item of information should should state CAUSE OF DEATH i OCCUPATION is very important. N.B.

1 PLACE OF DEATH

		Registration Dist. No. 292
Villa	2 FULL NAME Pli Louckes	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
o.f. 15	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 p	(Month) (Day) , 1 868	that I last saw h alive on
7 AC		and that death occurred on the date stated above, at
170	CCUPATION a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in	andula Drawning
W	ich employed (or employer) IRTHPLACE (State or country) Perusylvania	Contributory Secondary
Ņ	10 NAME OF FATHER MINISTER 11 BIRTHPLACE 24	(Signed) N. J. Havis Councy (Mary Council Mary Council M
PARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causino Death, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
14 T	(Informant) WH. How or	If not all place of death? Former or usual residence
15	(Address) Carford, Mul.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Red Lion 191.
20	N. D. Micholo Deputy over REGISTRAR	ME Newyaux Bra Offerd
	If more blanks are needed, address State Registrar,	15 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more write Nonc. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used mill; (a) Salesman, (b) Grocery; (a) Foreman, engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

STICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inauition," "Marasmus," "Old Age," "Shock," "Uracinia," "Weakness," Struck by railway train-accident; Revolver wound of cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. The contributory (secondary or intercur-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Talkof	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 220
Village or City Carlo Mo.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Male State (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 6 DATE OF BIRTH (Year) 1 day,hrs. 0Rmin.?	that I last saw h present alive on free 16 1915, and that death occurred on the date stated above, at 145 pm. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Jukereulosis g verlebiae (Duration) yrs. 4 mos. ds. Contributory Jukereulos mening iti
10 NAME OF FATHER Schael The Simm of State or country) Lalfor Co	(Signed) Welleaus Stateurs M. D. (Signed) Welleaus Stateurs M. D. State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Jallot (State or country) Jallot (Informant) Million 3 Million (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, if not at place of death? Former or usual residence.
Filed Dec 19, 1913 Hannie B. Hanback REGISTRAR If more blanks are needed, address State Registrar, & E	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Cashon 20 Cashon 20 Cashon 20

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcinoses

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County County 22014	STATE OF MARYLAND CERTIFICATE OF DEATH
near hill 11	Registration Dist. No. 293
Village or City NUCLULA (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Muly 19 (Monty) (Day) (Year)	that I last saw h was alive on The Standard deceased from 1915, to Standard 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Cultivities & diarrhoza
10 NAME OF FATHER Shu Mandrell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (State the Dispass Causing Dratti, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Jaa Heetwood 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death
(Informant) Jene Mandrille (Address) Corkoval	Former or usus i residence 19 PLACE OF BURIAL OR REMOVAL Centreville M. Dec. 17, 1915
FRED Dec 20, 191 To L. Gardiele To cal REGISTRAR, If more blanks are needed, address State Registrar, 1	20 UNDERTAKER Robt. W. Eddies Centreville no

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworke or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid etc If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6-yrs.). For persons who have no occupation whatever. write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; Whooving cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD DNIONIA FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

V. 8. No. 1.

Village or City Silghman (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 394 St.; Ward) St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Thate 5 single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH DEC. 182, 1915— (Month) (Day) (Year)
TAGE (Month) (Month) (Day) (Yoar) (Yoar) (A) (A) (A) (A) (A) (B) (Month) (Day) (Yoar) (Yoar) (Yoar) (Yoar) (A) (A) (A) (B) (B) (B) (B) (B	that I last saw h was alive on Dec. 1214, 191, and that death occurred on the date stated above, at 7m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows: (Norelles) Deart was as follows.
SERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 16 Filed Sulf, 1915 Filed Reciptrare	Contributory Secondary (Berellen) (Signed) (Signed) (Signed) (State the Disease Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injurt; and (2) whether Accidental, Suicidal or Homeidal, (Success is the Control of the Control of the Causes of Recent Residents) At place is the Siste, mas is
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons mobile factory. write None. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," nenumonia, Bronchopneumonia ("Pneumonia," nenumonia, indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning: or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound The contributory (secondary or intercuracid—probably



0 ż

PLACE OF DEATH	000.
7 111	22016
fired to	• •

County...



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 S	t	 W	ard	h

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH 26, 1915- (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
6 / 10	26 26, 191 S, to DEC 26, 191 S,
(Month) (Day (Year)	that I last saw h alive on DO No Yemen 199
7 AGE If LESS than	and that double occurred on the date stated above, at
yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION // 3	
(a) Trade, profession, or particular kind of work	anten a-Schenson
(b) General nature of Industry,	do not thun
which employed (or employer) Letized Bruse Eugle	(Duration) yrs, mos ds.
9 BIRTHPLACE	Contributory
(State or country)	Company Aremonas onus
10 NAME OF O	(UUration) yrs mos ds:
FATHER Farrbank	(Signed) W. D.
O 11 BIRTHPLACE	2020 27, 191 (Address) Loslus hus
OFFATHER (State or country) Jallot Leo 12 MAIDEN NAME OF MOTHER 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
of Mother Pansy Edgar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) Af place In the
Street country) all for	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment Miss Marin Boardanh	Former or
~ / L	usual residence
(Address) Easton Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Caston md 13/38 , 1915-
Filed of a 1915 Karrield Harrbank	20 UNDERTAKER ADDRESS
LACOL REGISTRAR	James a Perma Eaglow and

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Causepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inaultion," "Maras. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

state

N. B.

Village or City Sulfhman (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, OR DIVORCEO (Write the word) 8 DATE OF BIRTH	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE if LESS than	that I last saw her alive on bee 4 a 1915 and that death occurred on the date stated above, at a. m.
9 yrs mos 3 ds 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Country** **Countr	Contributory Secondary
10 NAME OF John Moley Peters 11 BIRTHPLACE Houte Ibavin (State or Vocuntry) Jaconses a	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death yrs mos ds Where was disease contracted, if not at place of death?
(Interment) fanne Velex - Institutes (Address) Telgliman, Trid	Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 7., 1915.
Filed DEC 7, 1911 97 Segress	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

Village or City Office (No. St; Ward) Fide an accordance Stinker Stin		PLACE OF DEATH	STATE OF MARYLAND
Village or City (No. St.; Ward) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE S SINGLE, MARRIEGO WALL White (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Mo	1	County Factor	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX **COLOROR RACE S SINGLE MUNICORES OR DIVORCES			Registration Dist. No.
3 SEX 4 COLOR OR RACE Wildows OR DINORCEO OR DINORC		Village or City With Pika	St.; Ward) [If doath occurred in a hospital or institution, give its NAME instead of stroot and number.]
**See the Dearner Dearly of Morther Dearly Secondary Sec		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mult White Sprivages and Sprivages (Month) (Day) Total Companies of Birth		3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
(Month) (Day) (Your that I last saw h alive on and that death occurred on the date stated above, at that I last saw h alive on and that death occurred on the date stated above, at the CAUSE OF DEATH & was as follows: 8 OCCUPATION (2) ITABE, profession, or particular kind of work (b) General nature of industry business, or establishment in which employer (or employer) 9 BIRTHPLACE (State or country) France or FATHER (State or country) France or FATHER (State or country) France or MOTHER THAN PLACE OF MOTHER THAN PARTICLE OF MOTHER THAN PARTICLE OF MOTHER THAN PARTICLE OF MOTHER OF MOTHER THAN PARTICLE OF MOTHER OF MOTHER THAN PARTICLE OF MOTHER		market WIOOWED MUSTICAL	(-011)
that I last saw h alive on and that death occurred on the date stated above, at and that death occurred on the date stated above, at and that death occurred on the date stated above, at the Cause of Death was as follows: Occupation Cause of Death was as follows:		6 DATE OF BIRTH	
TAGE 39 yrs. mos. ds. or min.? OCCUPATION (3) Itade, perforsolen, or Rahman (3) Tade, perforsolen, or Rahman (3) Tade, perforsolen, or Rahman (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) In BIRTHPLACE (State or country) The Phan (Signed) In BIRTHPLACE (State or country) The Mandel Name OF MOTHER The ABOVE (3) TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Is BIRTHPLACE (Informant) The ABOVE (3) TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The CAUSE of DEATH & was as follows: Contributory Secondary		1876	
1 day, hrs. OR min.? O OCCUPATION (a) Irado, profession, or Raharian (b) General nature of industry business, or establishment in which omployed (or employer) ONAME OF FATHER IN PIA IN BIRTHPLACE OF FATHER (State or country) I BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) I BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) I BIRTHPLACE OF MOTHER OF MO			
OCCUPATION (a) Trailo, profession, or Rabarer (b) General nature of industry business, or establishment in which comployed (or employer) BIRTHPLACE OF RATHER This Pika 11 BIRTHPLACE OF NATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 16 17 18 19 19 10 10 10 11 11 12 13 14 15 15 15 15 15 16 16 16 17 18 18 18 18 19 19 10 10 11 11 11 12 13 14 15 15 16 16 16 17 18 18 18 18 18 18 18 18 18		1 day,hrs.	
Designation of work of benefit alterior fledistry business, or establishment in which employed (or employer) 9 BIRTHPLACE OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE (STRUE TO THE REST OF MY KNOWLEDGE (Informant) 14 THE ABOVE (STRUE TO THE REST OF MY KNOWLEDGE (Informant) 15 Deally 16 Deally 17 Deally 18 Deally 19 Deally 19 Deally 19 Deally 10 Deally 10 Deally 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE (STRUE TO THE REST OF MY KNOWLEDGE (Informant) 15 Deally 16 Deally 17 Deally 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OR RECENT RESIDENCE (For Hospitals, Institutions, Trans OR RECENT RESIDENCE (For Hospitals, Institutions, Trans OR RECENT RESIDENCE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADORESE MEMBER ADORESE			The sact of BEATH & Was as follows:
(Signed) 10 NAME OF FATHER The Pika 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Dalla A (Address) 16 LENGTH OF BURIAL OR REMOVAL 17 Former or 18 BURLAND OR BURIAL OR REMOVAL 18 DALLA A 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 18 DALLA A 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL AOORESS WE DATE OF STRUETO A STRUCTO A		(a) Irado, profession, or Rahamin	Wendental Drowning
Which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Dalla H 16 Dalla MA 17 Dalla MA 18 DALLA OR REMOVAL 19 DACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 DACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 UNDERTAKER ADDRESS MEMBERS ADDRESS ADDRESS MEMBERS AD	-	(b) General naturo of Industry	J
(State or country) 10 NAME OF FATHER The Pika 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE (STRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 DACL STRUE 16 LE 20, 1915. 17 DACL 18 DACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 18 DACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNCERTAKER AGORESS MEMORY ADMINISTRAN AGORESS AGORESS AGORESS MEMORY AGORESS AGORESS MEMORY AGORESS MEMORY AGORESS MEMORY AGORESS AGORESS AGORESS MEMORY AGORESS MEMORY AGORESS AGORESS AGORESS MEMORY AGORESS AGORES AG	9	which omployed (or employer)	(Durstion) yrs. mos. di
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Dalla A (Address) 15 Dalla A (Address) (Address) (Address) (Signed) (State the DISEASE CAURING DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJURY; taid (2) whether Accident Suicidal or Hosticidal. (B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE) (In the of death yrs. mos. ds. Siste, yr		9 BIRTHPLACE (State or country) The Pha Tumany	Secondary Secondary
State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) 15 16 CAUSES, State (1) MEANS OF INJURY; Und (2) whether Accidence or Recent Residence (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER AOORESS ACCIDENCY OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE) In the of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER AOORESS ACCIDENCY OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AOORESS ACCIDENCY OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AOORESS OUNDERTAKER AOORESS ACCUSE, State (1) MEANS OF INJURY; Und (2) whether Accidency SUICIDAL (1) MEANS OF INJURY; Und (2) whether Accidency SUICIDAL (1) MEANS OF INJURY; Und (2) whether Accidency SUICIDAL (1) MEANS OF INJURY; Und (2) whether Accidency OF MOTHER (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE OF MOTHER (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE OF MOTHER (Informant) 18 LENGTH OF RESIDENCE (Informant) 18 LENGTH OF RESIDENCE (Informant) OF MOTHER (Informant) OF MOTHE			W 7 01 6
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER AOOREGE MEMORY AND THE MOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE (FOR HOSPITALS) AND RECENT RESIDENCE (FOR HO		11 BIRTHPLACE	The state of the s
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER AOOREGE MEMORY AND THE MOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENCE (FOR HOSPITALS) AND RECENT RESIDENCE (FOR HO		(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
OR RECENT RESIDENTS) At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) 15 15 15 15 15 15 16 16 17 18 18 18 19 19 10 10 10 11 15 15 15 15 15 15		of MOTHER mary marte	
(Informant) (Informant) (Informant) (Address) Prs. S Dalla It (Address)		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the
(Address) 745. S. Dalla II 15 15 16 10 10 10 10 10 10 10 10 10		14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	
15 De 20, 1915 15 De 20, 1915 18 REGISTRAR 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADORESS ADORESS MEMberson Person 1		(Informant) Viku,	
Biled. De 20, 1915 A Micholo deputy Local REGISTRAR MEMICOLUMN PS. Obford 1		(Address) 725 S Dalla It	
MD Nicholo deputy Ireal REGISTRAR MEMUNIANTEN OCHORD 1			Balto Ma , 1915
			2000
more Manage are needed, andress State negistrar, 10 W. Saratoga St., Daito., Requesting V. S. No. 1.			
		more Manke are needed, address State Registrar, 1	o w. sarawga st., Daiw., nequesting v. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cattan is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Campositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningialified, is indefinite); Tuberculasis of lungs, meningia.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal soptichuemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Urucinia," "Weakness," (merely symptomatic), "Atrophy," "Colorna," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

County 22019	CERTIFICATE OF DEATH Registered No. 220
Village or Gity Castare (No	St; Ward) [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h allve on 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Monthage from Cord Mo Pherocau (Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER NEW Purkett 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Authority	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
(Address) Cartons 15 Filed DEC 9 1915 Varia B. Frairbank Areal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Coxtore 20 UNDERTAKER Herbert Purkett Extore
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:



PHYSICIANS PERMANENT classifled. supplied. UNFADING plain DEATH Po OF ы Every

state Very pinous OCCUPATION PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH MARRIED, WICOWED, (Month) ORDIVORCED (Write the word) DATE OF BIRTH . 191..... to... (Month) (Day (Year) TAGE It LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory.... Secondary (State or country) 10 NAME OF FATHER back PARENTS 11 BIRTHPLACE (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted, BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29 4

St.:....Ward)

Ilt death occurred lo a hospital or institution. give its NAME Instead of street and number. I

(Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: (Duration) _________mos______ds. *State the DISEASE CAUSING DEATH JOT, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the State yrs. DATE OF BURIAL ADDRESS If more/blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



Z

PHYSICIANS t statement of

classified

be-properly

certificate

of

50

instructi

important. I

stated

should

O

supplied OUS

05

terms.

plain

2 onld

4 W 0

0 ш

SO of infor

should state CAI
OCCUPATION i

z

10

pe

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) No. a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED (Month) (Day) (Write the word HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH alive on (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: . OR min.? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in (Buration) which employed (or employer Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER RENTS 11 BIRTHPLACE *State the DISEASE CAUSING DEATH OF, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER of death Stata. (State or country Where was disease contracted. If not at place of death? Former or 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS ed 20 191. REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Luborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State eause for which birth or miscarriage as "Puerperal septichaemia," ctc, when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopueumonia (seeondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurcough; Chronic valendar heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Atrophy," ("Con-



No. 1. vi

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND
7.01 / 22022	CERTIFICATE OF DEATH
County Lallot	61 297
2 1 2. 7.	Registration Dist, No. 47
Village or City Mar Innin Millono James	w Narme St.; Ward) [If death occurred in
9	a hospital or institution,
Ph 1-	ot street and number.]
2FULL NAME Ames Ilvisors	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDDWED, Lingte	16 DATE OF DEATH
male Colors (With word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Rec. 10, 1915, to Dec. 20, 1919)
(Month) (Day (Year)	that I last saw here alive on Alea 19 19181
⁷ AGE It LESS than	
3 1 dayhrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
2 yrs 2 mos 2 ds. OR min.?	THE GAUGE OF BEATH & Was as follows:
(a) Trade, profession, or (2)	Berelie
particular kind of work	
(b) General nature of Industry, business, or establishment in	.)
which employed (or employer)	(Duration) yrs. mos. & O. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
- Fallot loo	(Duration) vrs mos ds
10 NAME OF FATHER 6	(Signed) Atableira = N.D.
of word Portarlo	10-10-10-10-10-10-10-10-10-10-10-10-10-1
11 BIRTHPLACE OF FATHER	AUGUSZI, 1917 (Address)
11 BIRTHPLACE OF FATHER (State or country) allow 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OF MOTHER C. , 20 1	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
School Roll 1-	If not at place of death?
(Informant)	usual residence
(Address) Soolon Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1	Coperaville 12/23 1915.
Filed De 6 22, 1912 Ranne B. Fairbank	30 INDERTANER ADDRESS
Local REGISTARY	amos a Donne Engling In
If more blanks are needed, address State Degis	trar, 6 E. Franklin St., Julto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Sorvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman," cnginecr, The (6)

pneumonia"); Lobar pneumonia; Bronchopncumonia term for the same disease. Examples: Cerebrospinal lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified. is Indefinite): Tubercu-"Croup";) brospinal fover (the only definite synonym is tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the nisease meuingitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid "Epidemle eere-

> mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarrlage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Scuile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary). 10 ds. valvular heart disease; Chronic interstitial nephritis The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of (secondary or Intercurrent) "Dropsy," "Exhaustion," State eause for Never report For VIO-



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty Jalbot 22023	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290
Village or City Laston, Mid. (No. , -, -, -)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Black Single, Married, Willemann Sergle William OF Divorce (Write the word)	16 DATE OF DEATH DE DAY , 19N (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Date of Birth Nort know, 1 (Month) (Day (Year)	that I last saw her slive on DZC 24 , 1915
## If LESS than 1 day,hrs. Soccupation OR min. ?	snd that death occurred on the date stated above, et 8,30 f. m. The CAUSE OF DEATH* was as follows: West tiles when Ovarian Cyst- With Filmin Junior of Ellerus - (Duration) 5 yrs.
9 B!RTHPLACE (State or country) Don't know	Gentributory & herestians following Secondary (Duration) yrs 8//2 hr
11 BIRTHPLACE OF FATHER (State or country) Dorit how 12 Maiden Name OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) North Brown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sev. Printett	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Prestory ned 15 Filed Dec & p. 191 Hannie B. Harbank Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LONG SELECTION 20 UNDERTAKER ADDRESS Prestor Such
If more blanks are needed, address State Regist	rar. 6 E. Franklin St. Rulto Popularilla V. S. No. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



BINDING SERVED œ MARGIN

r.

ż

PHYSICIANS should state of OCCUPATION is very PERMANENT properly INK supplied. pe may certificate. that 80 ō pe back terms. 0 plain Instructions Information = of Inform See OF Important. Every it œ.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fit death occurred to Ward) a hospital or institution. give IIs NAME Inslead of street and number.] MEDICAL CERTIFICATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) OROIVORCED (Day) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than 1 day,hrs. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER OF FATHER (State or country) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER (State or country yrs. mos. ds. Stale Where was disease contracted. It not at place of death? Former or DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puebperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds. "Exhaustion," Examples:



i,	
No.	
164	
ໝໍ	
>	

county 220	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 291
Village or City Loy al Wak (No.	St; Ward) [If death eccerred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTIC	CULARS MEDICAL CERTIFICATE OF DEATH,
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE	Vidower (Month) (Day) (Year)
© DATE OF BIRTH (Write the work (Month) (Day	17 I HEREBY CERTIFY, That I attended deceased from 191 , 191 , 191 , 191 , 191
S4 yrs. mes. ds	If LESS that and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, prefessive, er particular kind et werk	1) death - apoplexy
business, er establishmeet ie which empleyed (er empleyer) BIRTHPLACE (State or country)	(Buration) yre mos de.
9 BIRTHPLACE (State or country) Md.	Secondary (Quration) yrs mor de
10 NAME OF FATHER WM. M. M.	the (Signed) mary n. Secrety Dely July
BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DRATE OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Md.	OW 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) Al place In the ef death
	LEDGI Where wes disease contracted, if not et piace of deeth ?
(Address) Royal Oak-	Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fred Lec. 7, 191 A Mary n.	Menny 29 UNDERTAKER JUMPI ROLL ON POLICE ON PO
If more blanks are needed, address	State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Statement of Occupation-Preeise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

fever (the only dennice symmetry of the only dennice symmetry); spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemie rerebro-Lobar pneumonia, Bronchopneumonia (*** unqualified, is indefinite); Tuberculosis of lungs, menin- IAR 1 3 1916 time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Statement of Cause of Death-Name, first, the DISEASE Cerebrospinal BURLAU, V.S.

chopneumonia (seeondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronstate MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates eause. Always qualify all diseases resulting from ehildetc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. on statement of cause of death approved by Committee to determine definitely. or misearriage as "Puenperal septichaemia," by railway train-accident; Examples: Accidental drowning; State eause for which "Atrophy," "Col-Revolver wound

HYSICIAN RECORD PERMANENT proper supplied. UNFADING certificate. 10 back See Instruction's 5 DEATH Jo Item P mportant. CAUSE

0

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in ...Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Mamica (Month) (Day (Year) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 6 1 day. hrs. The CAUSE OF DEATH * was as follows: OR min. ? FOCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER OF FAPHER (State or country PARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ... yrs. mos. __ ds. State yrs. _ Where was disease contracted. 14 THE ABOVE If not at place of death? Former or usual residence DATE OF BURIAL 15 PUNDERTAKER REGISTRAR

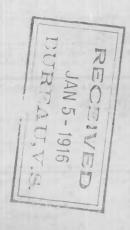
If more blanks are needed, address State Registrar, 6 E. Franklin St., Brito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarconia, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. "Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH 22207	STATE OF MAR	YLAND
County Tallot	CERTIFICATE OF	DEATH
County	Registered	No 290
VIIIage or City Rear Conto (No. 2 FULL NAME Tour phase Co. J.	St;Ward)	[if death occurred a hospifal or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Frenche Water (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I at:	(Day) (Year)
Month (Day) (Year)	may 28, 1915, to Dec	12 ,1915
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ove, at 6,30 P, m
(a) Trade, profession, or particular kind of work.	Delated heart	
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory nephritus (Secondary)	yrs 6 mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State of country) M 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) & e. R. Pup 2 / 2 , 1915. (Address) & e. R. Pup *State the DISEASE CAUSING DEATH, or, in c CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	fee , M. D
of Mother adeland Backets 13 BIRTHPLACE OF MOTHER (State or country) Bree Fork Cotto 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE HINOTOMIAN AND AND AND AND AND AND AND AND AND A	Where was disease contracted, if not at place of death? Former or	Yrs mos ds.
(Address) Easter 2nd	Brothlyn 72, 3	ATE OF BURIAL
Flied 1912 Author 1912 Accel REGISTERS If more blanks are needed, address Siste Registrar, 6 E	amos a Sponson En	Som Day

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day iaborer, Farm iaborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc., Carciniosis of tungs, meninges, peritonaeum, etc., Carcinioses

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purpperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revoiver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIOAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds.; For vio-



V. S. No. 1.

45/	PLACE OF DEATH	STATE OF MARTLAND
state	22027	CERTIFICATE OF DEATH
- e	County COVOI	290
Shoi	50,	Registration Dist. No.
Es	6-2160	If death occurred in
DEN	Village or City Stere Illa, While Mency V, C.	St.; Ward) a hospital or institution,
COR	2 11 10	give its NAME Instead of street and number.]
SYS	2 FULL NAME Dertien	frelibe
PHY	-FULL NAME	
# × #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
를 내 때	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH
CAC		(Month) (Day (Year)
E G	Male Colored (Write the work)	17 I HEREBY CERTIFY, That I attended deceased from
X ed X	6 DATE OF BIRTH	10
O tom	Hela 19 1898	1917, to A.C. 1917,
A so	(Month) (Day (Year)	that I last saw han alive on Alce 2 / 8 ,1919
S T S	7 AGE If LESS than	and that death occurred on the date stated above, at
Soul	1 day,hrs.	The CAUSE OF DEATH * was as follows:
y sh	yrs. 9 mos. 25 ds. OR min. ?	THE CAUSE OF DEATH A Was as follows:
AGE roperl	6 OCCUPATION O	
A A O	(a) Trade, profession, or particular kind of work	tolde shot in the hand
Z vo	(b) General nature of Industry,	Hemside
0 = 1	business, or establishment in	(Duration) yrs 20 August to
Supp may	which employed (or employer)	
ADIII su It m	9 BIRTHPLACE (State or country)	Secondary Q
	Jallot Go	(Doration) yrs mos ds.
areful that certiff	10 NAME OF	4-01-
T 200	FATHER Server In Joseph	(Signed), M. D.
E & X	M 11 BIRTHPLACE	flee, 201916 (Address) 6 and
wid uld back	OF FATHER (State or country) Tall to 12 MAIDEN NAME 2 OF MOTHER 2	*State the DISEASE CAUSING DEATH, or, in deaths from Violence
K, bho	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Z cal	OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
All	13 BIRTHPLACE	OR RECENT RESIDENTS
PLAINL nformation (TH in piali	OF MOTHER (State or country)	of death
nfo TT-	3-41-61	of death yrs mos ds. State yrs mes dc. Where was disease contracted,
RITI of 1 DE/ See	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
- m lt	(Informant Many Collen Jorobe	Former or
V Int.	1 2 1- 6	usual residence.
Every Item GAUSE OI Important.	(Address) Coeston Post	19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL
Ver NAU	16	torglanon Food 12/2/ 1918.
HOF	Filed Dec 20 1912 Kanne B. Harbank	29 UNDERTAKER ADDRESS
m	A REGISTRAR	6/ 0.00. 5-1-00
Z	The state of the s	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	and more breaks are needed, address State begis	trat, o E. Frankin St., parto., Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (uame origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral septichueetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-The contributory Revolver wound of head-homicide; Poisoned "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of "Couvulsions," "Debllity" ("Cou-(secondary or intercurrent) State cause for



'n

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

rlle	SL; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
	MEDICAL CERTIFICATE OF	DEATH	
red	16 DATE OF DEATH (Month)	3/54, 1915	
836	17 I HEREBY CERTIFY, That I atte		
(Yoar) -	that I last saw n. 2. allve on	· 3/5\ 1915,	
hrs. min. ?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows.	/ '	
44	Lobar premone	100	
	(Ouration)	yrs. mes. 5 ds.	
	Secondary (Buration)	yrs. mos ds.	
W:	(Signod) Heleau S, Seyman Sur 1- 1916 (Address) Dro	oud M. C.	
(*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIOAL		
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the set death yrs. mass. ds. State, yrs. mes. ds. Where was discess controcted, if not at place of death?		
•••••	Former or usus! residence		
	Spring Hill Cemelery	aw 2 1916	
TRAR	2 Jund Graker Ruman	Trappy Md	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state oecupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephritis, etc. The contributory (secondary or intercur-to determine definitely. "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage by railway train-accident; Revolver as "Puenperal septichaemia," Examples: Accidental drowning; "Dropsy," State eause for which Never report mere "Exhaustion, important. wound



RMANENT PE O ADIN Œ ARGIN

Very PHYSICIANS should of OCCUPATION is RECORD Ø DO Gla roper AGI pe Ilddus may certificate. that of back terms, plain Instructions Information 2 of Infor See P 0 Item Every Item CAUSE OF Important. 8

ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred lo -Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. 191: WIDOWED, (Write the word) (Month) (Day (Year) I HEREBY CERTIEY, That I attended deceased from DATE OF BIRTH that I last saw harmalive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (1) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) NTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AREI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ____ yrs, ___ mos, ___ State _____ yrs, ____ mos, Where was disease contracted. KNOWLEDGE if not at place of death?-Former or (Informant). osual residence OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 0/12. ranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) the head of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.—All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916 BUREAU, V.S.

should is OCCUPATION PHYSICIANS RECORD PERMANENT pinous proper UNFADING certificate. 0 WITH back terms. no plain See Instructions Information of Infor Item OF mportant. Every It

state Very

ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... fif death occurred la .. Ward) a hospital or institution, give its NAME lostead of sfreef and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7.AGE If LESS than and that death occurred on the date stated above, st f day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ds. State _____ yrs. ____ mos. Where was disease confracted, If not at place of death? Former or usual residence. 15

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

20 ONDERTAKE

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not puid Housekeepers mine, etc. cated thus: CAUSING DEATH, state occupation at beginning of illbecu changed or given up on account of the disease of persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b)first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Womcu at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, rcturu "Laborer," Laborer-As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar meumonda; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart discase; Chronic interstilial nephritis nant neoplasms); Meastes; Whooping.cough; Chronic ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Scnile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for "Exhaustlon," For vio-



statement PERMANENT THIS properly INK UNFADING may WITH PLAINLY. plai = I

DEAT

POF Item

mportant. Every Ite

of

m

ż

state Very

PHYSICIANS should of OCCUPATION IS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. 294 [if death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191. ... (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State _____ yrs. ____ mos. ___ ds Where was disease contracted. IS TRUE TO if not at place of death?.. Former or usual residence. OF BURIAL, OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers been changed or given up on account of the disease who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," Never report 01



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

Village or City Dt. Michaels (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 291 St.; Ward)
2 FULL NAME Morths a	A hespital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white Single, married wildowed or Divorced (Write the word)	16 DATE OF DEATH LC (Month) (Day) (Year)
7 AGE 5 OR Month 6 DATE OF BIRTH (Month) (Day) 7 AGE 1 (LESS than 1 day, brs. OR min.?	that I last saw here alive on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 7 Albot Co	Chronic Refiliation (Burstion) 78 6 mos 68. Contributory Friend Ordenia
10 NAME OF FATHER Camiel Cox 11 BIRTHPLACE OF FATHER (State or country) Yalbot Co 12 MAIDEN NAME	(Signed) The Modern State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Deborah Hairbank 13 BIRTHPLACE OF MOTHER (State or country) Jalbot Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of dasthyrsmosds. \$test,yrsmosds. Where was disease contracted,
(Informant) annie 29 Wrighton (Actions) Si-Junhaele Wid	front et placs of death? Former sr usual residence 19 PLACE OF BURIAL OR REMOVAL St. Michaele Date of Burial Date of Burial Date of Burial
Fled Dec 7 , 1915 John Huwales Local REGISTRAN If more blanks are needed, address State Registrar,	E Posporka Di michaele md

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Ptanter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm loborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 virs.). For persons who have no occupation whatever. write Nonc.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooming cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hecmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracinia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal sentichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railwoy train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)